

Research Digest

Cognitive behavioral group therapy and phenelzine both effective in social phobia

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Question

In adults with social phobia, is cognitive behavioral group therapy (CBGT) effective as compared with phenelzine?

Design

Twelve-week randomized placebo-controlled trial

Setting

Two clinical centers for anxiety disorders in New York

Participants

A total of 133 patients were included in the trial aged 19 to 61 years (mean age 35 years, 50% women) and met criteria for social phobia in the Diagnostic and Statistical Manual of Mental Disorders. Exclusion criteria included schizophrenia, major depression, prominent risk of self-harm, organic mental disorder, history of bipolar I disorder, substance abuse in the previous 6 months, previous adequate trial of cognitive behavioral therapy, or use of monoamine oxidase inhibitors for social phobia and serious medical conditions. Follow-up was 80%.

Intervention

After being stratified by social phobia subtype, patients were allocated to three treatment groups: those receiving phenelzine sulfate, 15 mg (n=31); those receiving matching placebo (n=33); those receiving CBGT (n=36); and those receiving educational and supportive group therapy (attention placebo procedure; n=33). Phenelzine doses were started at 15 mg/day and increased to 30 mg/day on day 4, to 45 mg/day on day 8, and to 60 mg/day on day 15. Doses could be raised to 75 mg/day after 4 weeks and to 90 mg/day after 5 weeks. CBGT consisted of 12 sessions of 2.5 hours with five to seven patients in each group; patients were encouraged to identify and counteract neg-

ative thoughts, to confront fearful situations, and to meet behavioral goals. The attention placebo procedure included supportive group therapy and presentation and discussion of topics relevant to social phobia.

Main outcome measure

Response was assessed with the Social Phobic Disorders Severity and Change Form (score of 1 or 2).

Main results

Analysis was by intention to treat. At 12 weeks, rates of response were 58% for CBGT, 65% for phenelzine, 33% for placebo, and 27% for attention placebo procedure. More patients responded to CBGT and phenelzine than in the respective placebo groups ($P<0.005$); the response rate did not differ between CBGT and phenelzine (see Table 1).

Conclusion

In patients with social phobia, cognitive behavioral group therapy and phenelzine were both effective.

COMMENTARY

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Apart from the competent appraisal of treatment effects themselves, the authors examined whether disparate outcomes were associated with the two service settings. Fortunately, allegiance effects seemed nonexistent; CBGT and phenelzine were equivalently effective regardless of site. The use of credible placebo control groups for CBGT and phenelzine enhances the validity of the conclusion that the two primary therapies being tested were genuinely effective in alleviating social phobia.

The authors are to be commended for including estimates of the magnitude of effect size for selected outcome measures.¹ Another useful outcome measure, which was not included in this study, is the numbers of patients in each group who no longer meet the DSM criteria for social phobia at the conclusion of treatment, which is truly the acid test of any therapy.

Both phenelzine and CBGT are apparently effective in the short term (after 12 weeks of treatment). What will be of equal interest is what happens to patients at long-term follow-up once active therapies are stopped. Are behavioral competencies acquired during CBGT maintained and generalized once group therapy is concluded? What happens to phobic anxiety when phenelzine is withdrawn? For some anxiety disorders, selected psychotropic medications are a good treatment but a bad cure, with high relapse rates once drugs are stopped.

The same disorders treated behaviorally show slower initial improvements but more durable positive effects once treatment is stopped. Will the same pattern emerge for social phobia? On the basis of this and related clinical trials, clinicians should consider either CBGT or phenelzine as best practices in caring for patients with social phobia.

1 Thyer BA, Stocks JT, Hudson WW. Reporting the proportions of variance explained (PVE) [letter]. Am J Psychiatry 1987;144:690.

Table 1 Response rate for treatment of social phobia at 12 weeks. Values are percentages.

Comparisons	Experimental event rate	Control event rate	Relative benefit increase (95% CI)*	Number needed to treat (CI)*
Cognitive behavioral group therapy vs attention placebo	58	27	114 (19 to 307)	4 (2 to 14)
Phenelzine vs placebo	65	33	94 (15 to 243)	4 (2 to 16)
Phenelzine vs cognitive behavioral group therapy	65	58	11 (-25 to 63)	NS

NS=not significant.

*Calculated from data in article.